

William Wambolt promoted to assistant to the director

William Wambolt has been promoted to assistant to Director Richard E. Lee and will specialize in the area of financial and economic planning. He will advise on the financial implications of management decisions.

Mr. Wambolt has been the associate controller at the hospital since 1972 and has managed the operations of the accounting department, primarily in the area of regulatory compliance and third party reimbursements.

He joined the Deaconess ten years ago as a cost accountant and internal auditor.

After attending Bentley College, he worked in public accounting for Webster McCann, CPA and later joined the firm of Haskins and Sells as a certified public accountant.

A member of the Hospital Financial Management Association, Mr. Wambolt recently completed his second year as president of the Alpha Credit Union.

A resident of Arlington, Mr. Wambolt likes to play the organ, swim, and travel to Florida and California to visit his family.



William Wambolt

Ms. Yard named manager of patient care evaluation and utilization review

Judith Yard has been named manager of patient care evaluation and utilization review. She joined the hospital three years ago, first as a part-time coder, and then as supervisor of the utilization and audit units, and was recently promoted to assistant director of medical records.



Judith Yard

Ms. Yard will be the manager of a new department created to handle the increased responsibilities in complying with the vast numbers of regulations for peer review required by Professional Standards Review Organizations (PSRO's) and the Joint Commission on Accreditation of Hospitals. Specially trained members of the department screen medical records for documentation of criteria for standards of care, appropriateness of admission, and extended stay. These criteria are written by physicians and nurses on the utilization review and medical and nursing audit committees, whose time is thus saved because they need to further review only those records that do not meet the criteria. Department members also abstract demographic and diagnostic data for external use by PSRO's as required, and internal use for the hospital's diagnostic index, which is integrated into a hospital-wide data base.

A member of the American and the Massachusetts Medical Record Association.

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Mr. Lee and Dr. Wheelock give reports at the annual meeting of the corporation

At the annual meeting of the New England Deaconess Hospital Corporation held on November 16, Director Richard E. Lee and Dr. Frank C. Wheelock, Jr., president of the NEDH medical staff, gave the following reports.

Mr. Lee's report

When I reviewed the year just past, it surprised me to discover that 14 changes had been made in our administrative structure during the year. Twelve of the changes were internal promotions. All have been announced in PULSE issues, but I would like to take a minute to review some of the reasons for these changes.

Joyce Tower was promoted to director of dietetics when Charlotte Donaldson retired, and Wendy Beals joined us as manager of ambulatory services after Paul Babcock was promoted to administrative assistant to the president to help meet the demands created by certificate of need and health systems agencies regulations.

Marjorie R. Pond and Joseph R. Doherty were named administrative

assistants and Hugh Wesley promoted to controller because of vacancies created by the promotions of Peter Campisano, David F. Lilley, and Dean A. Annis. Peter Dalton has been promoted to manager of building services, the position previously held by Joseph Doherty.

We were delighted when Jane Tilley joined us to take on the responsibility of program coordinator for the Friends of the Deaconess.

Four important changes were made because of the environment we live in. Judith Yard was promoted to manager of patient care evaluation and utilization review to meet the need created by professional standards review organizations and other patient monitor activities. William Wambolt was promoted to assistant to the director in

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New England Deaconess Hospital
Boston, Massachusetts

pulse

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Mr. Benoit appointed administrative assistant to the director

James G. Benoit has been appointed administrative assistant to Director Richard E. Lee and will provide staff support in the area of management systems. He will be working on special projects, such as coordinating and conducting studies to help improve operations in all hospital departments, and on the development of operational systems and procedures to maximize administrative communications and control.

In his new position Mr. Benoit will be the administrator for Deaconess Medicine, acting as the liaison between the group of physicians and the hospital's administration.

Prior to his appointment Mr. Benoit was a management engineer at the Deaconess for almost three years. He conducted work analysis and measurement studies and made recommendations on the utilization of personnel, scheduling, policies, and clerical and management systems.

He joined the Deaconess after three years as a senior staff associate for the Massachusetts Hospital Association.

In that post he was involved at the Deaconess in studies of the hospital's various departments.

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James G. Benoit

Dr. Wheelock's report

As the representative of the physicians and surgeons of the New England Deaconess Hospital, I appreciate the opportunity of speaking to you this afternoon.

First, I wish to thank the members of the corporation and the trustees for their generous and successful efforts to make the New England Deaconess Hospital the finest hospital, area of comparison unlimited. I really believe that across the board there is not another place where a patient has a better chance at successful treatment. You should be justifiably proud of the results of your efforts. Here in attractive, well-maintained (and in two instances brand new) buildings, patients are receiving excellent care by highly skilled, sympathetic, caring nurses, doctors, and supporting staffs in all areas. The morale and esprit de corps are high and a pleasant atmosphere

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New computerized treatment previewed at Joint Center for Radiation Therapy facility at Deaconess

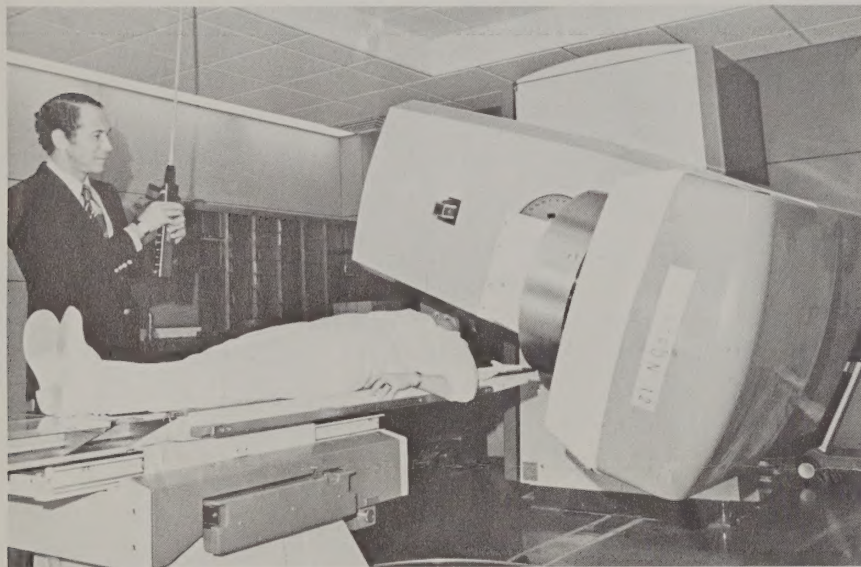
A new computerized system for the treatment of cancer patients has been installed by the Joint Center for Radiation Therapy at the New England Deaconess Hospital. The system is called dynamic treatment and was demonstrated following open house ceremonies at the new treatment facility at the Deaconess on December 1.

Dr. Samuel Hellman, director of the Joint Center for Radiation Therapy (JCRT) and chairman of the department of radiation therapy, Harvard Medical School, explained to members of the media who covered the event and to many of the 100 people who attended that dynamic treatment increases

Program in Health Sciences and Technology.

Dr. Anthony J. Piro, director of the New England Deaconess Hospital Division of JCRT and associate professor, department of radiation therapy, Harvard Medical School, said that the new facility at the Deaconess will enable staff and personnel to perform their jobs more capably under pleasant conditions and that "the patient can be treated most efficiently and expertly with hope, warmth, and optimism."

Bengt Bjärngard, Ph.D., director of physics, JCRT, and associate professor, department of radiation therapy, Harvard Medical School, discussed the



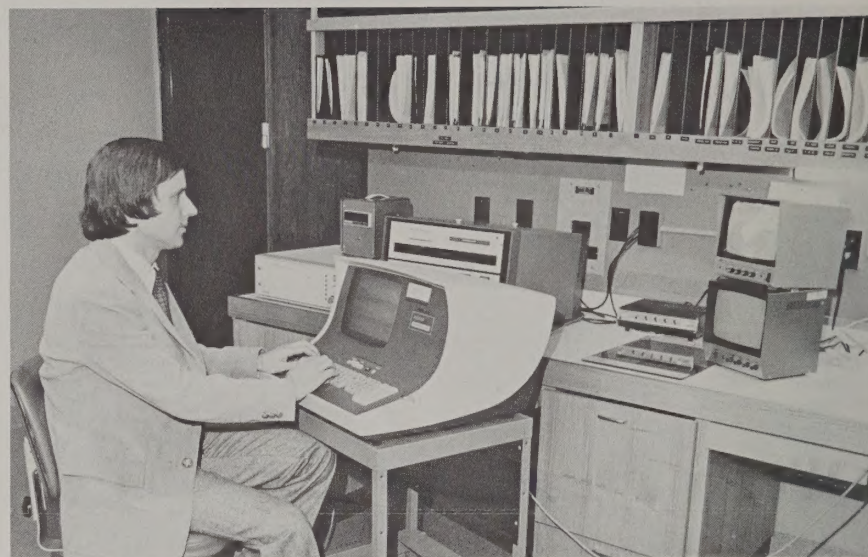
Dr. Samuel Hellman, director of the JCRT and chairman of the department of radiation therapy, Harvard Medical School, demonstrates the new computerized system for the treatment of cancer patients.

the dose of radiation to the tumor, while decreasing the dose to normal tissue.

As the patient lies under the new linear accelerator, a Mevatron XII, the couch moves in various patterns as the accelerator rotates around the patient according to instructions from the computer. The computer also controls the individual collimators of the accelerator from which the radiation emanates. The computer's coordination of all these movements distributes radiation so that it penetrates the tumor from different angles. A maximum dose reaches the tumor, while the dose to the normal tissue around the tumor is minimized.

Dr. Hellman, who presided at the open house, said that dynamic treatment will be beneficial in treating patients with deep-seated tumors, such as those with cancer of the pancreas.

Among the speakers at the open house were Laurens MacLure, president of the Deaconess; Malcolm A. Bagshaw, M.D., professor and chairman of the department of radiology, Stanford University School of Medicine, who was one of the first radiation therapists in the country to use a linear accelerator in radiation therapy; and Irving M. London, M.D., professor of medicine, Harvard University and Massachusetts Institute of Technology, and director of the Harvard-MIT



Peter Kijewski, Ph.D., JCRT physicist, gives the computer instructions to initiate the sequence of machine motions for the patient currently undergoing treatment.

history of radiation therapy from the discovery of x-rays in 1895 by Wilhelm Conrad Roentgen to this new method of dynamic treatment.

Until dynamic treatment, the linear accelerator could rotate but there was no way to adjust the radiation field without interrupting treatment to change the positioning of the patient. The couch could be moved, but not during treatment and not automatically.

Radiation therapists of the JCRT and the mechanical engineering department at MIT developed the computerized system and are still testing it on models of bodies, called phantoms, before using it on human patients.

Although located at the Deaconess, the system will be available for use by all six Harvard-affiliated teaching hospitals which have combined therapeutic services to become the Joint Center for Radiation Therapy. Other than the Deaconess, member hospitals are Beth Israel Hospital, Boston Hospital for Women, Peter Bent Brigham Hospital, Sidney Farber Cancer Institute, and the Children's Hospital Medical Center.

Doctors' doings

Dr. Joseph B. Addante, podiatry, has been elected to the board of trustees of the New York College of Podiatric Medicine.

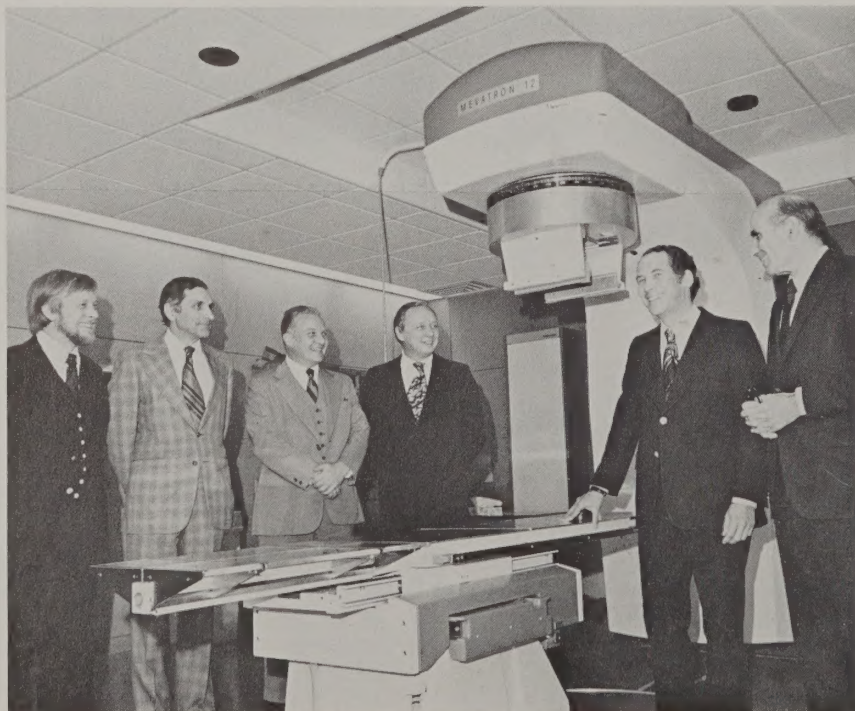
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Drs. Lloyd M. Aiello, ophthalmology, NEDH and Joslin Clinic, Donald M. Barnett, H. Howard Goldstein, internal medicine, NEDH and Joslin Clinic, John A. Libertino, urology, NEDH and Lahey Clinic, J. Stuart Soeldner, diabetes, endocrinology, and metabolism, NEDH and Joslin Clinic, were members of the lecture and workshop faculty of the fall meeting and workshop "Diabetes Mellitus, Basic and Clinical Concepts in Review" held on November 17 in Framingham.

* * *

Dr. Joseph L. Andrews, Jr., internal medicine and pulmonary disease, NEDH and Lahey Clinic, made a clinical presentation on the pathogenesis of emphysema at a seminar called "Emphysema Today" sponsored by the American Lung Association of Boston and the Middlesex-Cambridge Lung Association in Waltham on December 1. He published the article "Cor Pulmonale: Pathophysiology and Management" in the November issue of *Geriatrics*. Dr. Andrews and Dr. Theodore L. Badger, internal medicine and pulmonary disease, gave the presentation "Lung Sounds Through the Ages: From Hippocrates to

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Standing by the new linear accelerator Mevatron XII at the open house of the new treatment facility of the Joint Center for Radiation Therapy on December 1 are the program's speakers: (l.-r.) Bengt Bjärngard, Ph.D., director of physics, JCRT; Anthony J. Piro, M.D., director of the New England Deaconess Hospital Division, JCRT; Laurens MacLure, president of the Deaconess; Malcolm A. Bagshaw, M.D., professor and chairman of the department of radiology, Stanford University School of Medicine; Samuel Hellman, M.D., director of the JCRT and chairman of the department of radiation therapy, Harvard Medical School; and Irving M. London, M.D., director of the Harvard University-Massachusetts Institute of Technology Program in Health Sciences and Technology. The new computerized system for the treatment of cancer patients, called dynamic treatment, is located at New England Deaconess Hospital, a member of the JCRT.



Doreen O'Connell shows how she handles an attacker during a demonstration of self defense techniques, part of the program on self defense given by the Boston Police Department. Ms. O'Connell, communications division, is flipping Billy Ingersol, Division 2, Boston Police Department.

When a repairman may not be a repairman

When the telephone repairman or meter reader comes to your door, do you ask him for identification? If you don't, you could become another victim — of robbery, rape, or worse. The person at the door may not be a repairman. Always ask for identification.

That was the advice given when representatives from the Boston Police Department came to the Deaconess to show a film and give a demonstration on self-defense on November 17 in the Joslin Auditorium.

Much of the advice given by Doreen O'Connell, communications division, and Billy Ingersol, Division 2, Boston Police Department, pertained to rape — how to avoid such a situation and what to do when confronted by a rapist. But the men in the predominantly female audience could just as easily apply the information to other types of crime.

Ms. O'Connell and Mr. Ingersol suggested using common sense to handle potentially hazardous situations.

Flat tire? Don't assume everyone is a good samaritan. In the event of a flat tire or other highway emergency, raise the hood or tie a scarf around the radio antenna, get into your car, lock the door, and stay in your car until the police arrive. If someone offers to help, slip the stranger a key to the trunk through a tiny opening in the window.

Expecting company? Always ask "who's there," before you open the door. One of your early arrivals may be a thief.

Don't ask for trouble by walking in deserted or unlit areas. If you think you're being followed, ring the nearest doorbell, stop in a store, or yell fire — do anything to scare away your pursuer. Consider yourself lucky if all your attacker wants is your purse and not you. You can always buy a new purse.

If you are confronted by a rapist, you'll have to decide whether to submit or fight. It all depends on the situation. Don't fight if your attacker has a weapon or if you think you can't win. Call the police after an attack.

"Our primary interest is caring for the victim. We investigate afterwards," said Mr. Ingersol. He mentioned a number of rape crisis centers in Boston where help can be obtained.

You may never need to use the self-defense tactics demonstrated by Ms. O'Connell and Mr. Ingersol, but you should heed their advice. Don't assume that rape or robbery always happens to someone else. Don't let yourself be a victim.

Employees in action...

Dean A. Annis, assistant director, received the Robert H. Reeves Merit Award for outstanding contributions to the hospital financial management field in Massachusetts at the October 29 annual awards dinner of the Hospital Financial Management Association.

Jeannine Bensette, MT (ASCP), and Natalie Czernicki, MT (ASCP), blood bank, accompanied Dr. Randi V. Rosvold, pathology, to Dhahran, Saudi Arabia to give a workshop on the development of new techniques in blood banking at the Aramu Hospital Clinic on October 2-14.

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DEACONESS EMPLOYEES RESPOND TO BLOOD SHORTAGE. The seats were all taken and people were waiting in line. It was a full house at the blood bank. On the afternoon of October 19 over 30 donors responded to fill a critical blood shortage by each donating a pint of blood. With that crises met, the blood bank is hoping to have enough blood to meet the needs of the post-holiday season, but your help is needed. To donate blood, visit the blood bank located on Deaconess 3 or make an appointment by calling extension 2587. Anyone in good health between the ages of 18 and 66 may donate. Two donations a year provide full blood coverage during that year to the donor and his or her family anywhere in the United States. It's not too late to say happy holidays with a blood donation.

Dr. Wheelock's report . . .

(Continued from page 1)

pervades the whole establishment. This is not true in all hospitals, unfortunately. Not a week goes by but that a patient will report to me a comparison of care elsewhere versus care at the New England Deaconess Hospital, with our hospital always way ahead.

Recent great advances have been made here in cancer chemotherapy; x-ray therapy of cancer; and cardiac surgery, which averages only a 4 percent mortality. Elaborate advances have been made in x-ray diagnostic techniques, and kidney transplants, and diabetic management is constantly being upgraded. Modern flexible fibre optics let us visualize the entire colon and study the very inaccessible pancreatic ducts. Improvements have been made here in the treatment of patients with failing lungs (usually from smoking) and in the development of methods of IV nutrition with the resultant saving of many lives . . . and there are more. The doctors are grateful to you for supporting this environment. Such things go a long way in helping patients get well.

Secondly, I would like to say a few words about how the Medical Administrative Board works. It is essentially an executive board of the professional staff which meets monthly. Much of its work is done by committees, on which there are positions for 199 doctors, 49 nurses and 47 administrators. Many must serve on more

than one committee and the effort involved is considerable. Committees are set up for such subjects as:

1. Medical Education — of students, interns, residents, and senior staff. Senior staff must now have, by law, many hours of continuing education each year to retain licensure.
2. Ambulatory Services
3. Cancer Treatment
4. Community Medicine — dealing with our outreach into the community — for example, the Roxbury Dental and Medical Group
5. Medical Care Evaluation — this committee carries out about eight in-depth surveys a year describing the results of medical and surgical treatment of eight different diseases. So far, we are doing well and have passed the reviews with flying colors.

There are a total of 22 standing committees plus various ad hoc committees for special purposes. These groups report to the Medical Administrative Board at appropriate times with recommendations for action in the various fields. So our monthly meetings are busy indeed.

Thirdly, and lastly, I would like to bring to you our concern about the costs of medical care throughout the country. In 1975 it was \$38.9 billion or 8.3 percent of the gross national product. Residents of Massachusetts spent \$714 per person in 1975. Doctors services were 14 percent of this. The medical staff has tried to cut hospital costs in several ways:

1. By reducing admissions, then increasing use of ambulatory services (Committees on Bed Utilization and Committee on Ambulatory Services)
2. By reducing the length of stay (Utilization Committee)
3. By reducing any questionably needed laboratory and x-ray studies (special ad hoc committee is working on this)

Possibly some of you with business expertise can think of ways to deal with this escalation of cost. If we do not control the spiral of costs sensibly, the government will try unsuccessfully to curtail it by poorly conceived means which would do much harm.

Zero Mostel in "Fiddler on the Roof" was always saying "on the one hand this" and "on the other hand that," and then listing the two sides of the problem. I feel myself in this position to some extent. On the one hand, we want the best of everything for our patients, and on the other, can society afford it? On the one hand, we would like to follow every new program, and on the other hand, by so doing will we be diluting our resources unduly? Certainly, I do not know the answers to these serious questions, but answers must be found.

Again, our thanks to you for your support and hard work. We all feel so fortunate to be able to care for our patients here and to know that they have the best available medical care for 11,000 nautical miles in any direction.

Holiday Festivities



Deaconess carolers entertained patients.

The Friends served apple cider, coffee, and pastry at their Open House.



Bargains at the Bazaar.



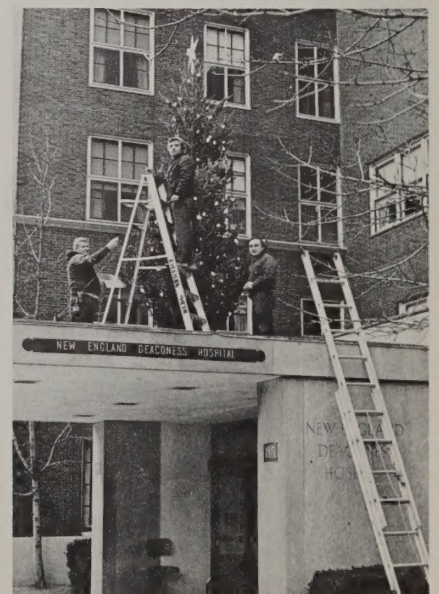
Friends arrange their table at the Friends of the Deaconess-School of Nursing Bazaar.



Santa, with helpers Raggedy Ann and Andy, visited the hospital at the Employee Christmas Party.



Magic at the Christmas Party.



Christmas at the Deaconess began with a tree.

at Deaconess

Miss Howland's Christmas Coffee Hour featured homemade goodies and good conversation.



NEDH raises \$18,000 for United Way

The United Way of Mass. Bay campaign is over and a record \$17,019,559 was raised this year. This represented a 7 percent increase over last year and is the greatest total ever raised by the United Way of Mass. Bay.

New England Deaconess Hospital did its part to boost the increase in both dollars and percentages.

"With the conclusion of this year's campaign, we surpassed our \$15,000 goal by 20 percent and raised a total of \$18,015.36. We increased the number of employees making a contribution by 27 percent, from 721 last year to 916 this year," said Assistant Director

David F. Lilley, who headed the United Way campaign at the hospital.

Eight departments had 100 percent participation by employees. They are: laundry, administration, accounting, purchasing, library, security, public relations, and religious services. Thirteen departments were above the 80 percent mark.

"This year's gain has set a new challenge for next year, and I am sure Miss Pond will rise to that challenge," said Mr. Lilley.

Administrative Assistant Marjorie R. Pond is the hospital's campaign chairperson for next year's United Way of Mass. Bay campaign.

Miss Seccomb named to board of trustees at annual meeting

Dorothy B. Seccomb, long time member of the Friends of the Deaconess and of the NEDH corporation, has been named to fill the position on the board of trustees left open after the death of Helen Wardwell. Miss Seccomb's election occurred at the annual meeting of the corporation held on November 16. At the same meeting two women and three men were elected as new members to the corporation. They are Foster Aborn, Robert Beck, Karen Horn, Gordon MacKay and Emily V. Wade. Mr. Beck will also serve on the investment committee.

Four members of the trustees, class of 1976, were re-elected to serve as the class of 1981. They are Bishop Edward

G. Carroll, Sr., of the United Methodist Church; Dr. Alexander Marble, president of the Joslin Diabetes Foundation; Dr. Wilford B. Neptune, Overholt Clinic; and Marvin G. Schorr, president of Technical Operations, Boston.

Officers of the corporation re-elected are: C. Vincent Vappi, chairman of the board; James F. Farr and Colby Hewitt, Jr., vice chairmen; Laurens MacLure, president; F. Thayer Sanderson, treasurer; and George M. Hughes, clerk.

During the meeting a number of reports were given covering administration, medical staff, and Friends of the Deaconess.



NEDH School of Nursing Glee Club serenaded employees, staff, patients, and their families.

Doctors doings

(Continued from page 2)

Laennec to Osler" at the First International Conference on Lung Sounds at Faulkner Hospital in Boston on October 14.

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Dr. Theodore L. Badger, internal medicine and pulmonary disease, gave the lecture "Changing Patterns in the Diagnosis and Treatment of Tuberculosis" at the Bellevue Hospital Chest Service, New York City, on November 6. He has been made president-elect of the Bellevue Hospital Chest Service Alumni for 1977. Dr. Badger has been writing a monthly column called "Clinical Recordings" for *Medical Dimensions*.

Mr. Benoit . . .

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He previously held several positions in manufacturing management while with the General Electric Company.

A member of the American Hospital Association, Mr. Benoit is also a member of the Hospital Management System Society and the American Institute of Industrial Engineers.

A graduate of the University of Rhode Island, where he received his B.S. in industrial engineering, Mr. Benoit will receive his M.B.A. from Northeastern University in March.

He lives in Needham with his wife Mary, a former teacher, and their children, Michelle, 7, and Stephen, 4. He enjoys tennis, golf, and boating.

Ms. Yard . . .

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ations, Ms. Yard is the area representative to the executive committee of the Massachusetts Utilization Review Association.

Ms. Yard received her B.A. in community work from Simmons College and was a social worker for the Missouri Welfare Department. She received her postgraduate certificate in medical record administration from Northeastern University and is a registered record administrator.

Dr. Joseph B. Dowd, urology, NEDH and Lahey Clinic, moderated a panel on the Adjuvant Treatment of Bladder Cancer" for the New England Section, American Urological Association. On November 1 he was a member of a panel discussing urogenital malignancy at the American Urological Association's postgraduate seminar in Boston.

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Dr. Thomas M. Flood, internal medicine, NEDH and Joslin Clinic, Susan Kaufman, R.N., coordinator of the teaching nurses, and Linda Warren, R.N., teaching nurse, Joslin Clinic, discussed various aspects of diabetes at a continuing education program called "Management of the Patient with Diabetes" sponsored by the South Shore R.N. Association on November 3 in Whitman.

* * *

Dr. H. Howard Goldstein, internal medicine, NEDH and Joslin Clinic, discussed treatment of diabetes at the St. Louis Diabetes Association in St. Louis, MO, on December 3. He published the article "Clinical Course of Diabetic Nephropathy" in the October 18 issue of the *Journal of the American Medical Association*.

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Dr. Michael A. Greenwald, dermatology, discussed "A Dermatologist's Approach to Health, Beauty, and Rejuvenation" at the Woodlawn ORT chapter meeting on November 18.

* * *

Dr. Harold D. Levine, cardiology, presented the lecture "Virus Myocarditis: Its Emerging Importance" at the Arthur B. Lichter Lecture at St. Vincent Hospital, Indianapolis, IN, on September 29.

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Dr. Victor M. Rosenoer, gastroenterology, NEDH and Lahey Clinic, discussed "Regulation of Albumin Synthesis" at the Boston Cancer Research Association in Boston on December 7. He published the article "Albumin Synthesis in Post-operative Patients" in the November 4 issue of the *New England Journal of Medicine*.

The runners clinic: fitness is our business

You see them by the Chestnut Hill Reservoir, along the Charles River, at the high school track, and on country and city streets. Many are up at dawn for a jog around the block or end a day at the office with a five-mile run. They run in the most expensive Adidas shoes and color coordinated shorts and tops, or they grab some solid sneakers, a T-shirt, and jeans. People are running, running, running to stay in shape and stay healthy.

What begins as a run for fun can sometimes end in excruciating pain for lack of training, knowledge, or proper running shoes. Where do runners like Bill Rogers run when they need help? To the runners clinic on Deaconess 2.

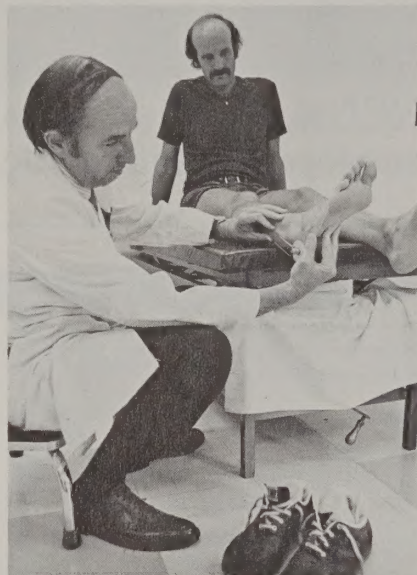
Organized over the last few months by Dr. Rob Roy McGregor, a podiatrist who is a runner himself, the runners clinic caters to both the beginner and the marathoner, such as Bill Rogers, winner of the 1975 Boston Marathon.

"We don't care how much or how fast a person runs. Our only concern is to help if the run has been painful," said Dr. McGregor.

Problems stemming from improper training can be solved by a good running coach. Dr. McGregor has been

Runners have problems, not diseases," says Dr. McGregor.

High on the list of complaints are heel and knee pains. Because these may be related to the mechanics of the feet, Dr. McGregor and his staff aim to manage the foot by holding it in its neutral position either in the shoe itself



Dr. Rob Roy McGregor tests the range of motion of the joints in this patient's foot.



Dr. John C. Donovan explains the function of an orthotic.

running seminars for shoe salespersons to solve the problems caused by faulty shoes. But if the runner's pains are biomechanical, then the solution is to come to the runners clinic for an examination, evaluation, and therapy.

Every Tuesday the podiatry unit is transformed into a runners clinic. During the afternoon the waiting area is occupied by over 40 men and women, many of whom look like they have just come from a track meet.

Dr. McGregor and his staff, Dr. John C. Donovan, podiatrist; Drs. Rob Scardina and Robert G. Frykberg, residents; Tim Ryan, podiatric assistant; and Edmund Lucchini, orthotic technician; see patients with all types of problems.

"A problem is something that requires a diagnosis or management or something that interferes in the quality of life as perceived by the patient.

or in the shoe with a soft or rigid orthotic. An orthotic is either a flexible material of plastisote, leather or rubber, or rigid, like plexiglass, which holds the foot in proper position in the shoe. Many of the runners at the clinic are given orthotics, the nature of the material depending on the individual's needs.

Another problem faced by runners is muscle imbalance or contractures in the muscles that happen during running and eventually cause pain. The treatment plan for this may be muscle strengthening or stretching exercises for the leg, thigh, hip, or abdomen.

When the patient visits the runners clinic for the first time, he or she is given a biomechanical examination by one of the podiatrists. The physicians measure range of motion of the joints in the foot, do a gait analysis of the patient walking, and take x-rays.



Photo by The Boston Globe

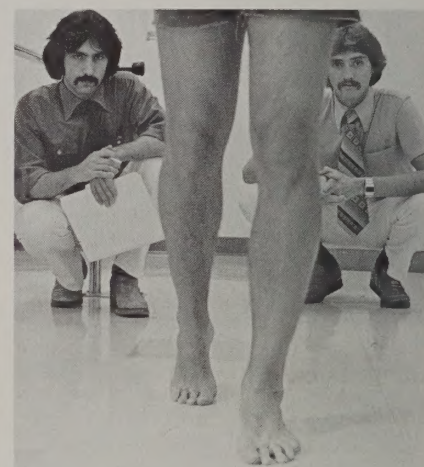
Dr. Rob Roy McGregor had a run for fun with Governor Michael S. Dukakis during the Jogger Fair held this summer on the Boston Common. The fair was sponsored by the Governor's Committee on Physical Fitness to promote the joys and benefits of jogging. Dr. McGregor, NEDH podiatrist, offered advice on proper foot wear and care.

The next step is an evaluation of the patient's problem based on the relation of the findings of the examination to the symptoms.

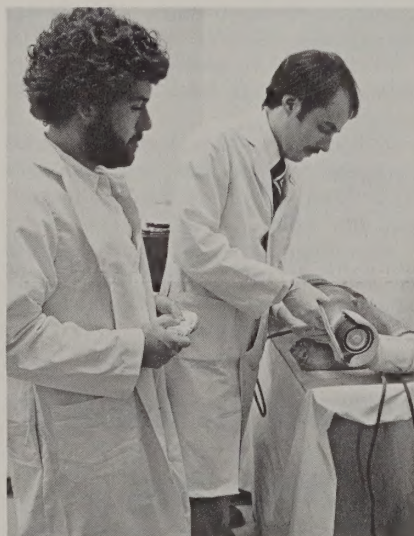
The goal of therapy is to keep the patient in comfort while running and may consist of prescribing exercises or an orthotic made by Mr. Lucchini.

"The problems of maintaining fitness can be handled by the patients themselves," said Dr. McGregor. It may be as simple as having the patient set realistic goals. "Someone may want to run a marathon, but can't biomechanically. A realistic goal may be running five miles a day, five times a week."

Dr. McGregor advocates wearing running shoes that have a high enough



Drs. Rob Scardina (l.) and Robert Frykberg analyze a patient's walk.



Tim Ryan (l.) podiatry assistant, and Dr. John C. Donovan add the finishing touches to an orthotic.

heel and rigid outside counter to protect the heel from rolling. There should be a wedge underneath where the foot normally flexes and a flexible, high toe box.

Although it might be ideal to run on softer surfaces, most runners have to do most of their training on sidewalks or roads. For those who must run on the road, it is advisable to switch sides often as roads are beveled.

Without proper training and exercise, don't plan on running five miles a day on the first try, but increase distances gradually.

Don't run if hurt. Take a rest. If the pain persists, don't assume it will eventually go away. Come to the runners clinic and do something about it.

Runners are referred to the clinic by colleges, high schools, running clubs, shoe stores that sell running shoes, and other runners.

Dr. McGregor became involved with treating the foot problems of runners when a colleague referred a patient to him. "Go see Dr. McGregor because he's a runner and knows about these things . . . Well, at the time I just started to run and knew nothing. That was almost three years ago. I helped him and he referred his friends," said Dr. McGregor. Since then he has studied runners problems in depth.

He feels that there is more credibility involved between a runner and a running doctor. Dr. McGregor ran the Boston Marathon in 1975 but was hurt and couldn't run in 1976. He knows what it is like to miss a goal. He happily achieved his most recent goal. He completed the New York Marathon on October 29 and qualified for the Boston Marathon next year.

Dr. McGregor and his staff want the runners they see to be as fit as they want to be.

"The greatest challenge to the body is running, from a cardiopulmonary and biomechanical point of view," said Dr. McGregor. "When runners limp in here, I like to see them leap out!"

Mr. Lee's report . . .

(Continued from page 1)

the area of economic planning, James G. Benoit to administrative assistant for management systems to deal with the impact of charge control regulations, and Paul Babcock whose area of responsibility involves long-range planning.

You can see the effect regulation is having upon our organization!

Why so much regulation? Back in 1966 when the economy was booming and Medicare became the law of the land, there was an endless repetition of the phrase, "Health care is a right, not a privilege." It was assumed then that there were adequate resources to deliver total health care to all. After ten years of experience it has become clear that there just isn't enough money to do everything for everybody. Once the expectation of universal entitlement to health care was created, the government's inability to deliver caused so much frustration that we have been inundated by laws and regulations basically designed to solve all the problems.

We spend a great deal of time, energy, and money trying to deal with the laws and regulations not only to comply with what is required, but more important, to analyze the effect and speculate ahead on the best strategy to maximize our effectiveness. The thrust of these regulations can be divided roughly into three areas: efficiency, distribution, and prevention.

Efficiency is the area that clearly affects us the most. The general theme is, "If we just stop wasting money duplicating facilities and organize the industry into an integrated system, everything will be fine." Although this is a good fundamental idea, it is nonsense to think it will solve all the problems. Obviously we must adjust to working within the well-meaning rules that flow from this idea.

You have all probably heard enough about certificates of need. We have been involved in several such applications with the net result that projects have been delayed but never changed essentially from what we felt was the proper thing to do in the first place. We have been relatively fortunate compared with others such as the Affiliated Hospitals who spent \$600,000 and several years before getting permission to build their new hospital. Because of the time delay they estimate an increase in construction cost of \$25,000,000.

One of the most sensitive areas under charge control regulations is the hiring of new employees. At the beginning of the year we found that funds available for personnel were limited. At the urging of the budget committee we formed the resource allocation committee made up of members of the medical staff, nursing, and administration to review all requests for additional personnel. The net result was that although \$800,000 was requested for new positions, only \$200,000 was approved.

Most recently we have had to deal with the problems of allocation of

capital funds when the demands far exceed what is available. This too is a painful process, but we are being helped greatly by the chiefs of service who bring a new dimension of medical staff involvement which will improve the decision process.

We feel that this kind of forced economy has not affected patient care for the present, but we are getting to a fine edge where we may consciously have to reduce our level of service to stay within the regulatory bounds. For the present I think we will get along reasonably well and a lot better than most hospitals.

Distribution — The theme behind the change in distribution is, "If we can select the correct areas of need and apply funds properly, that will solve all the problems." To deal with this question, health systems agencies have been formed to attempt to identify the needs and resources on a geographic basis. Just the area in which we live is a pie-shaped area which runs west from Boston for about 30 miles and includes the city of Boston, plus some smaller cities, large towns, small towns, and villages with a total population of 1,200,000 people of every possible background and income group. Within this area, if you try to identify the health resources, such as community health centers, specialty clinics, physicians' offices, community hospitals, teaching hospitals, nursing home facilities of four different levels plus all the other agencies and services, then try to match those resources to the population's need, you can see what an awesome task is being undertaken. We are already seeing some impact from the distribution questions — such as Senator Kennedy's asking whether we should allocate \$3 billion of federal funds to care for between 15,000 and 20,000 people suffering from renal disease or whether these funds could better be used to prevent future health problems. I'm sure we'll see more of this.

Prevention — Although preventive medicine has been recognized as desirable for a long time, it is only recently that the connection between lack of prevention and cost of repair has been made. I think we are going to see more and more recognition of the fact that doctors and hospitals cannot improve health without a big assist from the public at large. Such things as seat belts, observing the 55 m.p.h. speed limit, pollution-free air, fluoridated water, well-balanced diets (especially in children), and an end to cigarette smoking could easily do more than all the regulations.

Whether we like it or not, health care has become a major political issue. Some political action will be good and some bad. Active participation by each of us can make a very real difference in the changes that are ahead. If we can convince the politicians that it is in everyone's best interest to keep the private system healthy and not overregulate so that we start to look like government hospitals, and we can accept change at a reasonable pace, everyone should come out a little healthier.



THRIFT SHOP PRESENTS FASHION SHOW. Clothes that go to work, to the football game, or to a party were modeled by volunteers during the Thrift Shop Fashion Show on November 5. The clothes worn by the models were given to the Thrift Shop to be sold. The fashion show, held in the cafeteria during lunchtime, gave employees an opportunity to see the shop's merchandise and buy what they liked during the show. According to Mrs. George I. Rohrbough, co-chairperson of the thrift shop, the response was excellent. "The show stimulated considerable interest in the thrift shop. Some people had never heard of us before the show." Not only did people

buy the clothes "off the rack or off the back" at the show, but they also were drawn to the store, located in the maintenance building lower level near the Pilgrim Road garage. Operated by the Friends of the Deaconess, the shop is open Tuesday, Wednesday, and Thursday from 10 a.m. to 3 p.m. Mrs. Rohrbough shares responsibility for the shop with Mrs. Laurence P. Dakin. Models for the show were Bonnie Healy, Virginia Lemay, Virginia Scanlon, Cynthia Bailey Steele (pictured above), and Margaret Weathers. Other than clothes, the thrift shop sells appliances, dishes, glassware, and bric-a-brac. It's a good place for browsing, a great place for buying.

Employees in action . . .

(Continued from page 3)

Gerald E. Cubelli, director of social service, has been elected to the board of the Massachusetts chapter of the American Society for Hospital Social Work Directors, a division of the American Hospital Association.

Nancy Dolan, R.N., clinical nurse specialist, and **John Flaherty**, R.N., nursing care coordinator, participated in a panel discussion on the role of the clinical nurse specialist in nursing at the Boston College School of Nursing on October 9. The panel was part of the college's alumni bicentennial program.

Connie Donovan, R.N., clinical nurse specialist, co-authored the article "The Ostomy Patient Really Needs You" in the September issue of *Nursing* 76.

June Forbes, maintenance and engineering, appeared on the Channel 5 television show "Good Day" on September 27 as a member of the Sweet Adelines, a women's barbershop chorus.

Rita Gulley, secretary in the department of surgical services, was notified by Announcer Jess Cain that she was chosen by radio station WHDH as "Secretary of the Day" on October 27. She received flowers, candy, theatre tickets, and dinner for two at a North Shore restaurant.

Birdie Hanson, R.N., assistant director for patient care, and **Judith Miller**, R.N., nursing care coordinator, were participants in the 1976 Massachusetts Nurses Association Convention held

November 30-December 2 in Boston. Ms. Hanson discussed "Quality Assurance in Nursing — Implications for Practice, Education, and Research" and Ms. Miller was involved in the discussion on "Heritage and Your Future" as a member of the MNA Council on Continuing Education.

Edith Lenneberg, coordinator of the ambulatory rehabilitation center, spoke on "Stoma or Stigma?" at a symposium "Cancer and Your Career — a Blueprint for Rehabilitation Professionals" on November 3 in Newton. Sponsored by the Massachusetts Rehabilitation Counseling Association and the Sidney Farber Cancer Institute, the symposium focused on how persons who have had cancer can be helped to return to a full life, including full employment.

Bob Macaulay, Jr., administrative services, recently passed the Massachusetts Bar Exam. He graduated from Suffolk University Law School in June.

President **Laurens MacLure** was recently honored as the outstanding account executive in the United Way Medical Services Division campaign this year.

Stephen Rebello, MSW, social service, was one of six Boston area social workers acting as group facilitators at a workshop sponsored by the Metco program on November 12 at the Concord-Carlisle High School in Concord. Attending were school administrators, educators, and parents. The focus was on communication, integration, and racism.

Affirmative Action Program subject of workshop



James R. Warrick, Jr., (l.) answers questions posed by group during role play situation.

New England Deaconess Hospital has always been committed to a policy of non-discrimination and equal employment opportunity. To strengthen this commitment the hospital has initiated an Affirmative Action Program to assure the elimination of any discriminatory employment practices with respect to race, color, religion, age, sex, or national origin.

An Affirmative Action Program applies to all employment practices, such as recruiting, hiring, training, compensation, benefits, promotions, transfers, and terminations, as well as to all hospital-sponsored social, educational, and recreational programs.

Special emphasis is placed on the advancement and hiring of qualified minority group members and women at all levels of employment, particularly where they have been underutilized. Disabled veterans, veterans of the Vietnam Era, and the handicapped are also included in this policy.

To prepare management personnel to understand their responsibilities in carrying out the Affirmative Action Program, a two-day training program on equal employment opportunity was coordinated by Zee Gorman, training coordinator, and Robert Giroux, director of employee relations. Mr. Giroux is also the hospital's affirmative action officer with responsibility for the ad-

Mr. Lynn H. Smith (standing l.), vice president, James R. Warrick Jr., (standing r.) president, JACLYN, Inc., divided Deaconess participants into groups for role play situations during the two-day training program on equal employment opportunity given to management personnel.

ministration of the Affirmative Action Program.

The equal employment opportunity training program was held November 3-4 and 17-18 for 54 department heads, managers, and supervisors to increase their knowledge of the laws concerning discrimination, to provide an understanding of the legal basis of affirmative action, and to afford participants an opportunity to recommend actions to improve the hospital's program.

The program was presented by James R. Warrick, Jr., president, and Mr. Lynn H. Smith, vice president, JACLYN, Inc., a minority-owned consulting firm which provides services to government agencies, business and industry, educational institutions, and community organizations.

Mr. Warrick and Mr. Smith informed the participants that con-

stitutional laws, federal statutes, and federal regulations protect American Indians, Blacks, Orientals, Spanish surnamed Americans, women, handicapped persons, persons aged 40-65, and those not originally from the United States or who practice a specific system of belief of worship.

Protection has been guaranteed as early as 1791 when the fifth amendment protected against deprivation of rights. The thirteenth amendment

ment. The Affirmative Action Program takes these laws a step further by requiring organizations not only to provide equal employment but also to provide the opportunity for such employment by more aggressively seeking minority candidates.

After introducing the participants to anti-discrimination laws the two men from JACLYN, Inc. had them engage in a role play situation that demonstrated the problems faced by management when an organization is found in conflict with anti-discrimination laws. The participants were divided into such roles as managers, supervisors, personnel, community leaders, and compliance officers and instructed to make an affirmative action program that would comply with anti-discrimination and equal employment opportunity laws.

The two-day session also focused on illegal employment practices and overt and subtle forms of discrimination. Participants were asked to identify discriminatory problems found in the work force composition of an imaginary company.

Participants were advised to consider the ramifications of their own employment practices, from interview to retirement policies. "Lawsuits, the loss of accreditation of programs, poor morale, and a drop in the quality of service are just some of the implications of discrimination," said Mr. Smith.

The Affirmative Action Program is required by law to counter years of discrimination, whether intentional or inadvertent, by many companies in their hiring and employment practices. The Program aims to assure equal employment opportunity to all people.

"You must be as conscious of skills in human relations and equal opportunity management skills in addition to general management, technical, and fiscal skills," said Mr. Smith about the sensitive position of management in carrying out an Affirmative Action Program.



New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

pulse

The New England Deaconess Hospital is a 489-bed and 16-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

LAURENS MACLURE
President
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Director
M. ELEANOR CLAPP
Public Relations Director
DIANE WIFFIN
Public Relations Assistant
LAUREL WALSH
Secretary



New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

THE RUNNERS CLINIC:
See page 6.



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